

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13769

State File No.

FILED APR 20 1953

BIRTH NO.		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>3019</u>		Registrar's No. <u>50</u>	
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Ark.</u> b. COUNTY <u>Clay</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett, Mo.</u>		c. LENGTH OF STAY (in this place) <u>2 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Blue Cane</u>		<u>8030</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Independence Street</u>				d. STREET ADDRESS (If rural, give location) <u>Rector, Ark. Rt3</u>			
3. NAME OF DECEASED (Type or Print) <u>Imogene</u>		a. (First) <u>Imogene</u>		b. (Middle) <u>Williams</u>		c. (Last) <u>Williams</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 17, 1923</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Drew Hensley</u>		13b. MOTHER'S MAIDEN NAME <u>Lillie Goodman</u>		14. NAME OF HUSBAND OR WIFE <u>Vernon Williams</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>496-20-7063</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Vernon Williams Rector, Ark Rt3</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hodkins Disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>7</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR _____			
22. I hereby certify that I attended the deceased from <u>4 Apr</u> , 19 <u>53</u> , to <u>4 Apr</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>4 Apr</u> , 19 <u>53</u> , and that death occurred at <u>11:00</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>James B. Cooper M.D.</u>		(Degree or title)		23b. ADDRESS <u>Kennett Mo.</u>		23c. DATE SIGNED <u>14 Apr 53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>April 7, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mitchell Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Clay Co. Ark.</u>	
DATE REC'D BY LOCAL REG. <u>4-16-1953</u>		REGISTRAR'S SIGNATURE <u>Carl Thompson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Irby</u> ADDRESS <u>Rector Ark.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 4-17-53

COUNTY FILE NUMBER 453-106

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Don Mc Bride

Licensed Embalmer No. 776

P. O. Address Harbor, Ark.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.